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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Sri Lanka

Proposed UNFPA assistance:	$7.6 million, $5 million from regular resources and $2.6 million from multi-bilateral and/or regular resources
Programme period:	4 years (1997-2000)
Cycle of assistance:	Fifth
Category per decision 96/15:	C

Proposed assistance by core programme areas:

	Regular resources	Other	*Total*
Reproductive health	4.4	2.1	6.5
Population & development strategies	.3	-	.3
Advocacy	.3	.5	.8
Total	5.0	2.6	7.6

SRI LANKA

Demographic Facts

Population (000) in 1995	18,354	Annual population growth rate (%)	1.22
Population in year 2000 (000)	19,504	Urban	2.8
Sex Ratio (/100 females)	99.3	Rural	0.7
Per cent urban	22.4	Crude birth rate (/1000)	19.0
Age distribution (%)		Crude death rate (/1000	5.8
Ages 0-14	30.6	Net migration rate (/1000)	-1.1
Youth (15-24)	18.6	Total fertility rate (woman)	2.29
Ages 60+	8.6	Life expectancy at birth (years)	
Percentage of women aged 15-49	54.0	Males	70.9
Median age (years)	25.4	Females	75.4
Population density (/sq.km.)	280	Both sexes	73.1
		GNP per capita (U.S. dollars, 1994)	600

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

INDICATORS RELATED TO ICPD GOALS*

		(Thresholds)*
Births attended by health professional (%)[1]	94.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	62.0	≥55
Access to basic health services(%)[3]	93.0	≥60
Infant mortality rate (/1,000)[4]	18.0	≤50
Maternal mortality rate (/100,000)[5]	40.0	≤100
Gross female enrolment rate at primary level (/100)[6]	100.0	≥75
Adult female literacy rate (%)[7]	85.8	≥50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY EXECUTIVE BOARD DECISION 96/15.

1 *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
2 *United Nations Population Division, World Contraceptive Use 1994, ST ESA SER.A 143. Data cover the period 1986-1993.*
3 *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
4 *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
5 *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
6 *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
7 *UNESCO, Education for All - Status and Trends, 1994.*

1. The United Nations Population Fund proposes to support a population programme over the period 1997-2000 to assist the Government of Sri Lanka achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of $7.6 million, $5 million of which would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $2.6 million from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's fifth cycle of assistance to Sri Lanka.

2. The proposed assistance is in keeping with the Government's policies and programmes and the recommendations of the programme review and strategy development (PRSD) exercise that took place in Sri Lanka in October 1995. The PRSD was conducted in close cooperation with the Government and included representatives of both the Government and national non-governmental organizations (NGOs). The Government fully subscribes to the PRSD findings and recommendations. The proposed programme is consistent with national policies as reflected in the Women's Charter, Children's Charter, Worker's Charter and draft Youth Charter.

3. Given the relatively long period of UNFPA involvement in Sri Lanka and the notable successes registered by the country's population programmes, the proposed programme would focus specifically on expanding the maternal and child health and family planning (MCH/FP) programmes of the primary health care system into comprehensive reproductive health programmes. In doing so, UNFPA's interventions would concentrate on delivering reproductive health, including family planning and sexual health, programmes, information and services to especially vulnerable groups of the population and to underserved areas. The Fund would also focus on activities designed to reduce the incidence of abortion.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and the objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Sri Lanka seems to have met the threshold levels for the indicators outlined in Executive Board decision 96/15 for allocating UNFPA resources. For example, female literacy is high (85.8 per cent); maternal mortality is low (40 per 100,000); infant mortality is low (18 per 1,000); and the total fertility rate is low at 2.3 children per woman. With a population of 18.4 million, the country is expected to reach the replacement level of fertility by the year 2000 and to stabilize its population at 24 million by 2050.

6. That Sri Lanka should be poised to reach the replacement level of fertility is a major success that can largely be attributed to a strong primary health care infrastructure, high levels of female education, the integration of mother and child health care into family planning programmes and the fact that, on the whole, those programmes have been driven by individual needs. The role of NGOs, especially the Family Planning Association of Sri Lanka (FPASRL), in pioneering MCH/FP programmes cannot be overemphasized.

7. However, the favourable demographic data reflect only certain aspects of the country's population and reproductive health situation. First of all, the data themselves are somewhat suspect. There has been no census since 1981, and data from the northern and eastern regions of the country, which are inaccessible due to the country's internal conflict, are not included. In addition, there are parts of the country (47 divisions have been so identified) where demographic indicators are below national averages. There are also segments of society, such as free trade zone workers, estate workers, migrant women and their families, displaced persons, child prostitutes and adolescents, that require special attention.

8. Moreover, demographic data are not necessarily accurate reflections of the overall reproductive health of the country's people. Other indicators show that Sri Lanka has problems in this area. For example, the level of maternal anaemia in Sri Lanka is very high -- more than 60 per cent. Although the overall contraceptive prevalence rate is quite high, there is also a high level of dependence on traditional methods (22.4 per cent). There are indications of high levels of abortions, although abortion is not legal except in extreme circumstances to save the life of the mother. The age at marriage is high (25.5 for females, 29 for males), but the Government does not provide services to unmarried women or adolescents through its public MCH/FP programme. Male participation in family planning is quite low: condoms account for 3.7 per cent and vasectomies for 3.3 per cent of currently-used contraceptive methods, respectively. (The fact that with programme interventions vasectomy increased by 34 per cent in the mid-1980s indicates the possibilities in this area.) Nor does the MCH/FP programme include such important reproductive health components as screening and treatment of reproductive tract infections and malignancies.

9. Sri Lanka has been grouped in Category "C" under the Fund's new scheme for resource allocations, i.e., among those countries requiring focused UNFPA assistance in order not to compromise gains that have been made. However, the country's low per capita gross national product of $600 a year and the ongoing armed conflict mean that UNFPA support is still required. The gains made in Sri Lanka are still fragile, and there are still high levels of abortions, large numbers of unmarried adolescents and other vulnerable groups and underserved populations. In order to sustain the gains made, it is essential to continue to provide support in the area of reproductive health, including the provision of some contraceptives. The success of such activities could well serve as a model for other countries in South Asia.

10. In spite of the armed conflict, Sri Lanka's economy is growing -- at an annual rate of 5.6 per cent in 1994. The expansion of the garment industry, especially in free trade zones, has led to the employment of a large number of young women, who are sometimes placed in vulnerable situations. A major social issue is that of educated but unemployed youth. Thirty per cent of youth aged 15-19 years are unemployed, as are 35 per cent of those aged 20-24. High levels of education and unemployment have led to frustration on the part of Sri Lanka's young people, and the suicide rate of about 65 per 100,000 among adolescents is one of the highest in the world.

11. About 18 per cent of the population live in the northern and eastern parts of the country that have been most affected by the armed conflict. In addition to large material losses and the diversion of resources, it is estimated that the conflict has forced almost 400,000 families from their homes, requiring large numbers to live in welfare centres run by the state. The plight of women and children in insecure surroundings needs urgent attention, especially in terms of reproductive health. The insurgency has also forced the indefinite postponement of the decennial census planned for 1991.

Previous UNFPA assistance

12. Cooperation between UNFPA and the Government of Sri Lanka started in 1969, and the first comprehensive country programme began in 1973. In the first years of its assistance, the Fund emphasized awareness creation activities, which it has continued to support. Beginning in 1980, however, emphasis shifted to the delivery of MCH/FP services, including the provision of contraceptives. The focus was on training public health personnel in family planning methods and counselling and in helping equip public health facilities with needed equipment and supplies. Since the beginning of UNFPA assistance, the Government's efforts have succeeded in doubling the contraceptive prevalence rate and cutting the maternal mortality rate by one third.

13. The progress that Sri Lanka has made has led to a decreased level of funding from external donors. It is now necessary to work to ensure that continued progress is sustainable. Among the recommendations of the PRSD mission in this regard was the need to more closely involve NGOs, especially grass-roots NGOs, the private sector, and the country's universities, including sub-contracting appropriate programme activities to them. The country's reliance on external assistance for the provision of a large part of its contraceptive needs is another issue related to sustainability about which the PRSD mission made recommendations, including rationalization of the pricing of contraceptives and promotion of social marketing.

Other external assistance

14. UNFPA is the main external funding agency supporting population programmes, although WHO and UNICEF have collateral activities that complement UNFPA's assistance. UNAIDS proposes to support some information, education and communication (IEC) activities in support of the national AIDS programme in the amount of $100,000. The FPASL receives an annual contribution from the International Planned Parenthood Federation of $700,000. The United States Agency for International Development (USAID) and the European Union have also given some assistance for AIDS education and prevention activities, but most donors, including USAID, have withdrawn from this field. Among multilateral agencies, the World Bank is prepared to fund some activities for HIV/AIDS prevention as well as a small amount for purchasing contraceptives. Lack of census data and information about emerging needs in the health sector has made it difficult for the Government to mobilize external resources to address the reproductive health needs of the country. The Government cannot devote more resources to reproductive health due to the internal armed conflict.

Proposed programme, 1997-2000

15. As highlighted above, Sri Lanka is a country that is close to meeting its long-term goals from a strictly demographic point of view. However, this is very far from assuring a high standard of reproductive health to all the country's citizens, as shown by many of the other health indicators. In fact, few countries in the world better exemplify why this distinction came to be enunciated in the goals of the ICPD Programme of Action. Under the proposed programme, therefore, UNFPA would provide selective assistance in the area of reproductive health, both because that is where Sri Lanka's needs are greatest and also because it is the Fund's strongest point -- it is the one donor agency that has adopted and is carrying out a comprehensive reproductive health approach.

16. Because the country's family planning programme already has a firm foundation, the transition from MCH/FP to a comprehensive reproductive health approach would be an incremental one building on existing delivery systems and staffing patterns. This would include fresh interventions like helping the Government to set up 300 Well Women's clinics in local health units using existing infrastructure. Qualitative improvements are envisaged by equipping front-line health workers to deal with a gamut of reproductive health needs such as the reduction of anaemia and prevention and detection of reproductive tract infections (including sexually transmitted diseases (STDs) and HIV/AIDS) and reproductive organ malignancies. UNFPA's assistance would be provided towards carrying out this programme at the primary health care level, with government and multi-bilateral assistance being sought to extend reproductive health activities to referral levels.

17. Enhancement of the quality of care would also be sought by providing more contraceptive choices. The goal would be to increase the use of temporary methods from 16.5 per cent to 19 per cent. Training of health personnel would be undertaken to improve their sensitivity to client needs and to improve their counseling skills (specifically in post-abortion situations) and to improve their accountability in terms of respect for privacy and confidentiality. Selected equipment and certain supplies would be provided by the Fund in addition to about 50 per cent of the country's demand for contraceptives, which the Government is unable to pay for and for which there are no other donors. For the longer term, UNFPA will assist the Government to develop a plan for sustainable provision and funding of its contraceptive needs.

18. In carrying out these reproductive health activities, the Fund would concentrate its efforts on especially vulnerable parts of the population as well as in geographical areas whose demographic and reproductive health indicators are below national averages. The programmes for youth and adolescents would be designed to help them understand their sexuality and the process of physical and emotional maturation in order to assist them in behaving in a sexually responsible manner and to reduce the incidence of abortions among this age group. Reproductive health concepts would also be introduced into existing programmes of population and sex education in both the formal and informal educational systems.

19. The Government of Sri Lanka has already started to develop a plan of action for reproductive health. There is a need to review the country's population policy to take into account emerging concerns about reproductive health and gender equity and changes that may be needed to strengthen implementation at provincial levels and to strengthen the coordinating mechanisms at the national and sub-national levels in view of the pending governmental devolution. The Fund would help in setting up a task force with representation from the relevant ministries of the Government and also representatives from the provincial level and from NGOs.

20. In the past, there have been only four NGOs working in the area of reproductive health and family planning in Sri Lanka, and few of their activities have extended to rural areas. Under the proposed programme, the Fund plans to enlist other NGOs in other social fields, in grass-roots economic development, for example, in advocacy and IEC efforts in support of reproductive health. Grass-roots NGOs, including women's NGOs, can help to bring about community participation and to inculcate attitudes supportive of sexual responsibility and gender equity. There are certain roles that community-based NGOs can play better than any other institution -- counseling migrant women and their families and child prostitutes and their families, for example. One area of UNFPA's involvement will be in helping to encourage successful NGOs to serve as umbrella organizations for

training and equipping grass-roots organizations. Work also needs to be done to get the private sector more involved in covering the reproductive health needs of their employees.

21. The Population Division of the Ministry of Planning would be the central coordinating agency for the activities of the UNFPA-supported programme, which would be carried out by various government bodies. They would be undertaken in a framework that would include a constant feedback system based on knowledge, attitude and practice (KAP) surveys of targeted groups. Training of the health staff of both the Government and NGOs in reproductive health issues and in issues concerning gender sensitivity would be an important part of the proposed programme's strategy. These concerns would also be introduced in other ministries and advocated with policy makers and parliamentarians at both the provincial and federal levels. UNFPA would help to revive Sri Lanka's chapter of the Asian Forum of Parliamentarians, and reproductive health issues would be promoted as a non-partisan issue among all the political parties. Advocacy would also be done to promote multi-bilateral donor support for reproductive health activities, especially at referral levels.

Programme implementation, monitoring and evaluation

22. The programme would be nationally implemented by the Government and NGOs in cooperation with UNFPA, with some private sector involvement in certain aspects. The UNFPA Representative will constantly monitor programme implementation. The National Coordinating Council on Population would monitor the implementation at the national level and District Coordinating Committees would do so at the sub-national level. The Ministry of Health would monitor the programme activities and the Ministry of External Resources would monitor the utilization of funds. Annual reviews, with the participation of the Government, NGOs and the country support team (CST), independent evaluations and standard progress reviews and monitoring field visits would take place. A mid-term review would be scheduled for 1999. The CST headquartered in Kathmandu, Nepal, would be used for technical backstopping.

23. In order to assess programme performance, baseline data will be established by supporting studies, surveys and research in such areas as voluntary abortions and its underlying causes, the incidence of reproductive tract infections, the consequences of the continuing high usage of traditional contraceptive methods and adolescent sexual behaviour. One study would aim at making health reporting forms more reflective of reproductive health concerns by seeing how such items as reproductive tract infections, subfertility, anaemia and breast cancer can be introduced into the reporting system. This would enable the country to establish baseline data on reproductive health and to incorporate these concerns into the health management information system.

24. The indicators that would be used to monitor the success of the UNFPA-supported programme in terms of reproductive health would be the number of well women's clinics that are assisted, the decrease in the number of abortions (targeted at half the current level), the increase in temporary methods (from 16.5 per cent to 19 per cent), the number of women screened for reproductive tract infections, the decrease in anaemia in pregnant women (targeted at a reduction from 60 per cent to 30 per cent), a decrease in the maternal mortality rate to 30 per 100,000, and improvements in the quality of care. The number of migrant women counseled, the number of programmes undertaken at work places, a decrease in levels of sexually exploited children and the improvement of male participation could be indicators of the effectiveness of advocacy efforts in support of reproductive health. Establishment of baseline data through surveys, studies and research would also be used in

developing such indicators. Another significant indicator would be the number of NGOs, especially from the grass-roots level, and private sector companies participating in programme activities. The complete integration of reproductive health services into the primary health care programme would be the ultimate test of success.

Recommendation

25. The Executive Director recommends that the Executive Board approve the proposed programme of Assistance for Sri Lanka, as outlined above, in the amount of $7.6 million, $5 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $2.6 million would be sought from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Tunisia

Proposed UNFPA assistance:	$7 million, $4.5 million from regular resources and $2.5 million from multi-bilateral and/or regular resources
Programme period:	5 years (1997-2001)
Cycle of assistance:	Sixth
Category per decision 96/15:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	3.1	1.7	4.8
Population & development strategies	.9	.5	1.4
Advocacy	.5	.3	.8
Total	4.5	2.5	7.0

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TUNISIA

Demographic Facts

Population (000) in 1995	8,896
Population in year 2000 (000)	9,694
Sex Ratio (/100 females)	102.2
Per cent urban	57.3
Age distribution (%)	
Ages 0-14	35.0
Youth (15-24)	20.2
Ages 60+	7.0
Percentage of women aged 15-49	52.4
Median age (years)	22.3
Population density (/sq km.)	54
Annual population growth rate (%)	1.72
Urban	2.6
Rural	0.4
Crude birth rate (/1000)	23.0
Crude death rate (/1000	5.8
Net migration rate (/1000)	0.0
Total fertility rate (woman)	2.75
Life expectancy at birth (years)	
Males	68.4
Females	70.7
Both sexes	69.6
GNP per capita (U.S. dollars, 1994)	1,720

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

INDICATORS RELATED TO ICPD GOALS*

		(Thresholds)*
Births attended by health professional (%)[1]	69.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	50.0	≥55
Access to basic health services (%)[3]	90.0	≥60
Infant mortality rate (/1000)[4]	43.0	≤50
Maternal mortality rate (/100,000)[5]	70.0	≤ 100
Gross female enrolment rate at primary level (/100)[6]	92.4	≥75
Adult female literacy rate (%)[7]	50.2	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY EXECUTIVE BOARD DECISION 96/15.**

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[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*

[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*

[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*

[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*

[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*

[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*

[7] *UNESCO, Education for All - Status and Trends, 1994.*

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2001 to assist the Government of Tunisia achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of $7 million dollars, of which $4.5 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $2.5 million from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. The proposed programme would be the sixth in support of the population programme of the Government of Tunisia, and would be harmonized with the Government's Development Plan and with the programmes of UNDP and UNICEF.

2. The proposed UNFPA programme was developed in accordance with the overall development orientations of the country and the findings and recommendations of the joint Government/UNFPA programme review and strategy development (PRSD) mission undertaken in 1995. It has been designed to complement the programmes and activities of other donors in the country.

3. The main purpose of the programme is to assist the Government in its transition towards developing a comprehensive and integrated reproductive health system, building on the achievements of the existing family planning system and previous country programmes. At the regional level, the programme would work to increase access in the underserved and rural areas of the central-western and southern regions of the country. At the national level, the programme would focus on expanding reproductive health services for adolescents and youth, and on improving the quality and efficiency of reproductive health information and services now being provided.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. During the past thirty years, population policy has evolved in a coherent and consistent manner in Tunisia. The country's population programme has shifted emphasis from a demographic and family planning approach to promotion of a comprehensive population programme focusing on the needs and well-being of the individual. Despite the fact that the country has in place a structural adjustment programme that constrains government finances, 60 percent of the national budget is devoted to social sectors, with 17 and 7 percent being dedicated to the education and health sectors, respectively.

6. Through its continuous strong political commitment and programme efforts, the Government of Tunisia has achieved significant progress towards attaining the goals of the ICPD Programme of Action. This is demonstrated by such national social and demographic indicators as access to

reproductive health services and universal primary education and reduction in mortality rates. With respect to the seven indicators established by the UNFPA Executive Board for measuring progress towards achieving ICPD goals, Tunisia has met the threshold levels in six of seven indicators,[1] and has, therefore, been included in category "B" under UNFPA's new scheme for resource allocation. (The one indicator below the threshold level is the contraceptive prevalence rate.)

7. Despite impressive progress made by the country in reaching ICPD goals, significant disparities continue to exist between regions and within regions of the country, as well as between rural and urban areas. Regarding access to reproductive health services, the proportion of deliveries attended by trained personnel, which reached 80.3 per cent in 1994 at the national level, is only 50 per cent, or even below, in several parts of the country's central-western and southern regions. The contraceptive prevalence rate, which has reached 59.7 percent nationally (49.6 for modern methods), ranges from 34 to 46 percent in these same zones. The infant mortality rate nationally was 30.5 per 1,000 live births in 1994 but reached almost 50 per 1,000 in rural areas. Maternal mortality was 69 per 100,000 live births, with regional differences ranging from 40 per 100,000 in the greater Tunis area to 106 per 100,000 in the central-western region.

8. The promotion of the rights and status of women is a major element of government policy, and Tunisia is considered a pioneer in the Muslim and Arab world with respect to the promotion of women's rights. However, gender gaps still exist in Tunisia. The adult female literacy rate, which, according to the 1989 figures, reached only 52 per cent at the national level and 34 per cent in the rural areas, is much lower than the rate for adult males, which stands at 74 percent and 63 percent, respectively. Female unemployment reached 21 per cent in 1989 compared to 11 per cent in 1984, while the unemployment rate for men remained stable at 14 per cent over the same period.

Previous UNFPA assistance

9. UNFPA has been cooperating with Tunisia in the field of population and development since 1974 and has provided more than $26.5 million in assistance to date. Due to continued strong political commitment, UNFPA's fifth comprehensive programme recorded successes in institution building, particularly with respect to coordination mechanisms related to the formulation and implementation of population policies and by strengthening the ties between the central and regional levels. The programme also supported the decentralized implementation of the family planning programme at the provincial and district levels and contributed to the improvement of the quality of care of MCH/FP services. The programme helped in providing training for service providers and counsellors that

[1] Please refer to data sheet on page 2 for an outline of Tunisia's status with respect to the seven UNFPA indicators. All statistics used within the text come from the National Statistical Institute, Ministry of Economic Development, Republic of Tunisia.

stressed the importance of properly targeted IEC activities, in particular those related to reproductive health and gender equity. Previous UNFPA activities worked to improve the condition and status of women through mainstreaming gender issues and by supporting specific projects focusing on women. As a result of the country's successful population activities, Tunisia has come to play a prominent role in the promotion of South-South collaboration in population matters.

10. UNFPA's innovative approach and strategy of integrating family planning into primary health care structures, which the Fund implemented at the regional level, has been adopted by both the Government and by the World Bank, which has provided a loan to implement the strategy nationwide. In the field of women's empowerment, an innovative strategy was designed to enable a local non-governmental organization (NGO) set up a credit system for poor rural women aiming at improving their socio-economic and reproductive health situation. The Government and the World Bank are in the process of adopting a similar system for the poor rural population in the north-western region.

11. Despite the progress recorded and momentum gained during the fifth country programme, a number of constraints persist that hinder the full attainment of the Government's population and development objectives. At the national level, the focus has been on women-oriented family planning programmes that neglect men and adolescents and that need to include the broad range of reproductive health services. These programmes have suffered from the slow process of administrative decentralization and the limited participation of the non-governmental and private sectors. Regionally, there are 850 "zones d'ombre", which are the most underdeveloped administrative regions of the country, mainly located in rural areas, where access to and the quality of reproductive health services are far below the national average. In common with the population programmes in many other countries, there has been a lack of trained personnel, of effective management information systems and of needed operational research, including on the effectiveness of IEC campaigns. The proposed UNFPA programme was designed to assist the Government in addressing these issues in a sustainable manner.

Other external assistance

12. UNFPA is currently the largest donor in the population sector and works in complementarity with other donors in the population and health fields in Tunisia. The World Bank, through a loan in the amount of $26 million over the period 1991-1997, supports the integration of family planning activities within primary health care and the strengthening of such services in rural areas. No future loans are presently being discussed. WHO assistance, in the amount of $2.1 million for the years 1996-1997, focuses on providing basic MCH services, including the strengthening of the vaccination programme, and in supporting the health education programme of the Ministry of Health, including its HIV/AIDS programme. UNICEF's next cycle of support from 1997-2001 in the amount of $7.5 million will contribute to the Government's efforts to strengthen the health decentralization process.

13. The European Union provided support to the National Office for the Family and Population (ONFP) in the amount of $1.2 million for the period 1993-1996 for training and research activities as well as providing equipment and contraceptives through, inter alia, UNFPA. The cooperation of the European Union with the ONFP is expected to continue. The Government of Japan is providing support to ONFP in the amount of $1.3 million for the period 1993-1997 for the establishment of an audio-visual production center and related training. Other donors active in the population field, particularly in the area of women's promotion and empowerment, are Canada ($1.5 million for the years 1992-1995) and Sweden ($2.5 million for the years 1995-1997). A number of other donors -- Belgium, Germany and the Netherlands -- have provided grants to NGOs.

14. UNFPA's comparative advantage vis-à-vis other donors in the population field has been affirmed by the Government in its request that the Fund take a lead role within the donor community and assist the Government's Ministry of Foreign Affairs in efficiently and effectively coordinating donor assistance in the population field. This request is based on the fact that UNFPA is the major donor in the population field and that, compared to bilateral activities, its programme is flexible and adapted to national policies and programmes as well as to the needs of NGOs. UNFPA's focused but multi-sectoral assistance to the population programme, as well as the Fund's in-depth knowledge of national population policies and programmes, acquired through years of field experience, is highly appreciated, and utilized, not only by the national authorities, but by the donor community and other United Nations agencies as well.

Proposed programme

15. The programme was designed in accordance with the findings and conclusions of the 1995 PRSD mission that recommended: concentrating activities in the most underprivileged regions and on target populations (adolescents, youth, women and men); further decentralizing the population programme; promoting the gradual financial autonomy of the reproductive health programme; promoting innovative and participatory approaches; mainstreaming gender issues into all programme activities; and promoting the use of national expertise, the private sector and national NGOs.

16. Reproductive health. The programme proposes, foremost, to assist the Government in its transition from an MCH/FP approach towards developing a comprehensive and integrated reproductive health system, including IEC, building on the achievements of the existing family planning system and the previous country programme. The reproductive health programme would account for approximately 70 per cent of programme resources and would focus on achieving results at the regional and national levels. At the regional level, the existence of the "zones d'ombre" is a major challenge to the Tunisian population programme. The proposed programme would, therefore, assist the Government in increasing access to reproductive health services in these areas, particularly in underserved and rural regions of the centre-west and south, which make up 11 out of the 23 provinces in the country. The Fund would provide support for integrating reproductive health

services into existing basic health structures and maternities of these regions in coordination with the Government's poverty alleviation programme and with the assistance of local NGOs.

17. Although some reproductive health issues, such as family planning, gender relations and family life education, have been successfully integrated into high school programmes and curricula, no support mechanisms for sexual education and counseling of adolescents and youth exist in Tunisia. This is especially important in light of the fact that age at first marriage presently stands at 27 for women and 30 for men. Therefore, the programme would also support the expansion of reproductive health information and services at the national level for adolescents and youth by helping to develop IEC materials, in collaboration with youth organizations and structures, including helping them to set up adequate counseling and services for young adults. Limited support would be given to population education, particularly with respect to integrating reproductive health and gender issues into those formal and non-formal sectors not addressed under previous programmes.

18. The programme would also focus on improving the quality and efficiency of reproductive health information and services by supporting training in those areas not previously addressed by the MCH/FP programme, such as reproductive tract infections, including STDs and HIV/AIDS, infertility, and routine screening for malignancies of the reproductive system. It would also work to improve reproductive health management information systems and operational research.

19. UNFPA would provide technical assistance for a prospective study on Tunisia's contraceptive requirements for the next decade. The Fund would also support activities aiming to adjust the market price of contraceptives and to promote their increased commercialization in order to increase the country's self- reliance in this area. In the meantime, in light of the structural adjustment programme and the need to satisfy unmet needs in underserved areas and to strengthen the national HIV/AIDS campaign, the total national budget needed to cover contraceptive requirements for the next government planning cycle is expected to rise from $4.6 million to $7.1 million for the years 1997-2001. Forty per cent of this would be financed by the Government, compared to 22 per cent in the previous cycle. The European Union is expected to provide funds for 20 per cent of the programme. UNFPA would continue to provide some assistance in procuring a wide range of contraceptives.

20. Population and development strategies. UNFPA would also provide limited support to assisting the Government in further strengthening the integration of population and development strategies at the regional level. This would be achieved through: (a) strengthening cooperation with the University of Tunis and the National Statistical Institute in setting priorities for demographic analysis; (b) developing new technologies for improving and decentralizing data collection, analysis, publication and dissemination of information; strengthening regional technical capabilities through the initial setting up of training of demographers and population at the university level, in particular the University of Tunis and the new Tunis School of Statistics; (e) strengthening gender analysis and the mainstreaming of gender in the development planning of the Government and NGOs.

21. Advocacy. UNFPA would support specific activities related to promoting the sustainability of the reproductive health programme by promoting the involvement of the private sector and NGOs as well as the sensitization of community groups and religious leaders on population issues. UNFPA would also use every opportunity to promote donor interest in the population sector, and to promote South-South cooperation, for which Tunisia will be increasingly important.

Programme implementation, monitoring and coordination

22. The Tunisian Government would be in charge of overall programme implementation through the Ministry of Economic Development, which would be responsible, at the national level, for programme coordination and monitoring, as well as for the direct execution of some programme activities. The active participation of national NGOs would be sought for the implementation of the programme. Technical assistance, if needed, would be provided, in the first place, by national expertise and, secondly, by the Amman-based UNFPA Country Support Team (CST). The implementing agencies would be responsible for the internal monitoring of their respective programme activities by using the standard UNFPA monitoring and evaluation instruments. To assess overall programme progress, a mid-term review of the programme would be conducted in 1999, to be organized jointly with UNICEF, the World Bank, UNDP and the European Union.

23. Under the proposed programme, and in accordance with General Assembly resolutions 47/199 and 50/120, UNFPA would strengthen its efforts to optimize programme efficiency through the coordination of activities with other United Nations agencies within the context of the Resident Coordinator system. The regular organization of meetings of the Joint Consultative Group on Policy, in which FAO, UNIDO and UNESCO are also invited to participate, has also helped to ensure complementarity and coordination between programmes. As in the past, frequent meetings would be organized with the other external donors in the field of population.

Recommendation

24. The Executive Director recommends that the Executive Board approve the programme for Tunisia as outlined above, in the amount of $7 million over the period 1997-2001, $4.5 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $2.5 million would be sought from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Palestinian People of Gaza and West Bank

Proposed UNFPA assistance:	$7.2 million, $5.2 million from regular resources and $2 million from multi-bilateral and/or regular resources
Programme period:	4 years (1996-1999)
Cycle of assistance:	First
Category per decision 96/15:	"Other"

Proposed assistance by core programme areas (in million of $):

	Regular resources	Other	*Total*
Reproductive health	2.6	1.0	3.6
Population & development strategies	2.1	.8	2.9
Advocacy	.5	.2	.7
Total	5.2	2.0	7.2

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1. The United Nations Population Fund (UNFPA) proposes to support a programme of assistance to the Palestinian people in Gaza and the West Bank over the period 1996-1999 in order to assist the Palestinian Authority achieve its population and development objectives. UNFPA proposes to fund the proposed programme in the amount of $7.2 million, of which $5.2 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $2 million from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's first cycle of assistance although the Fund has provided some project-by-project assistance in the past. *Please note that this country programme document does not include a demographic data sheet because of the lack of official United Nations statistics.*

2. The proposed programme of assistance was developed on the basis of: (a) the policies and priorities of the Palestinian Authority; (b) the findings and recommendations of a reproductive health needs assessment mission undertaken jointly by UNFPA, UNRWA and WHO in September/October 1995; (c) the outcome of meetings and consultations with representatives of the Palestinian Authority, non-governmental organizations (NGOs), United Nations agencies and other relevant donors; (d) the recommendations of technical backstopping missions conducted by Country Support Team (CST) advisers to Gaza and the West Bank since 1994.

3. In the area of reproductive health, including family planning and sexual health, UNFPA's programme would help to build the capacity of the Women's Health and Development Department and the Primary Health Care Department of the Ministry of Health and would also directly assist in providing reproductive health services in 100 primary health care centres and in two women's centres. The proposed programme would assist the Palestinian Authority in carrying out a much-needed census. Advocacy activities would concentrate on sensitizing policy makers to gender issues. The programme would also work to strengthen the capacity of women's NGOs and would help to integrate population into the curricula of schools at the basic educational level and in teachers training and literacy programmes.

4. All activities under the proposed programme of assistance, as in all UNFPA- assisted activities, would be carried out in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Given the gradual assumption of responsibility by the Palestinian Authority, Gaza and the West Bank present unique challenges in carrying out an effective programme in population and reproductive health. The total Palestinian population in the West Bank and Gaza was approximately 2.3 million at the end of 1995. This population is growing at an annual rate of 5.8 per cent in the West Bank and 6.3 per cent in Gaza, and the overall population is expected to double in about 15-18 years. These are some of the highest population growth rates in the world. There is considerable difference between the West Bank and Gaza, with Gaza lagging behind in all indicators. For example, the per capita gross domestic product of $1,500 in the West Bank is twice that of Gaza; it is

estimated that one third of all Gaza families subsist below the official poverty line of $470 per year. A significant gender gap is shown by the fact that women make up only 4 per cent of the formal labour force and that 37 per cent of females leave school with 9 years or less of schooling compared to 22 per cent of males.

6. The high population growth rate is the result of declining mortality levels, while fertility levels have remained stable over the past two decades. The total fertility rate is estimated at 5.6 births per woman in the West Bank and 7.4 births per woman in Gaza. This high fertility rate is attributed to such factors as attitudes favouring large families, the lack of access to reproductive health, including family planning and sexual health, services and the lack of awareness about family planning choices. These trends have resulted in a very young population structure.

7. Infant mortality rates are estimated at 25 per 1,000 live births in the West Bank and 32 per 1,000 live births in Gaza. Maternal mortality rates per 100,000 live births are estimated at 72 in Gaza compared to 36 in the West Bank. Since 37 per cent of women marry before the age of 17, early marriage is considered a primary factor leading to the increased risk of complications from pregnancy and childbirth. It is estimated that more than 30 per cent of pregnant women do not have access to adequate prenatal care. More than 25 per cent of deliveries in the West Bank and 50 per cent in Gaza are not attended by trained midwives. Post-natal care is provided for 17 per cent of the women in Gaza and 30 per cent in the West Bank.

8. At the request of the Ministry of Health, a joint UNFPA/UNRWA/WHO needs assessment mission on reproductive health was conducted in September/October 1995. The mission noted that of the 444 health facilities in the West Bank and 80 in Gaza that provide primary health care only a few provide reproductive health care services. Out of 31 health centres of the Ministry of Health in Gaza, 20 centres provide maternal and child health (MCH) services and three provide family planning services. Five more family planning clinics are to be established in 1996. Among the 230 centres of the Ministry of Health in the West Bank, 155 provide MCH services, but as yet no family planning clinics have been established. There are plans for NGOs to assist the Ministry of Health in establishing two family planning clinics in Nablus. Only 74 of the clinics run by NGOs in the West Bank and 11 in Gaza provide MCH services, and less than half provide family planning services. UNRWA provides comprehensive MCH services within its health care services to the refugee population, and many have integrated family planning services.

9. In terms of human resources, the number of general practitioner physicians currently available is sufficient, but there is a shortage of specialists. It is also estimated that two to three times the current number of trained nurses and midwives are required. The needs assessment mission also identified a need to build up the technical and managerial capabilities of the Women's Health and Development Department of the Ministry of Health. At the primary health care level, there are needs to integrate family planning services into existing services and to make them more accessible; to address the issue of reproductive health in a more comprehensive manner; to improve the quality of service delivery through training programmes; to establish standardized referral feedback systems; and to develop an

effective management information system. At the secondary level, obstetric services need to be expanded and quality of care needs to be improved.

10. The Palestinian Authority is committed to achieving the goals of health for all by the year 2000 with a strong emphasis on primary health care. The establishment of the Women's Health and Development Department in July 1995 at the Ministry of Health underscores the importance being attached to women's health and well-being. The Palestinian health policy and plan incorporates a holistic approach to women's health, with a focus on reproductive health. Its goals for the year 2000 include reducing maternal mortality by 50 per cent, decreasing high risk pregnancies by 50 per cent, introducing family planning counseling and screening in 50 per cent of all health facilities, increasing the contraceptive prevalence rate (currently estimated at 12 per cent) to 25 per cent, and providing postnatal care to all women.

12. In view of the great need for reliable statistics, a master plan for Palestinian official statistics was developed by the Palestinian Central Bureau of Statistics (PCBS), approved by the Palestinian Authority in January 1995 and widely discussed at the Second International Conference on Palestinian Statistics held in April 1995. The plan gives priority to conducting a population and housing census not later than 1997.

External assistance

13. UNFPA's support in the area of reproductive health started in 1987 with small-scale MCH training and research activities organized by the WHO Primary Health Care Centre in Gaza and the West Bank. UNFPA's assistance increased considerably starting in 1992. During the period 1992-1995 two maternal and child health and family planning (MCH/FP) projects in the amount of $550,000 were implemented in cooperation with UNRWA for Palestinian refugees in Gaza and the West Bank. The projects made considerable progress in improving the quality of prenatal care, provision of post-natal care and integration of family planning services within existing MCH programmes. In addition, the Fund has carried out a family planning knowledge, attitude and practice (KAP) survey, which highlighted a latent demand for family planning and a need to broaden the contraceptive choices and method mix.

14. One of the most important achievements of previous UNFPA assistance was the establishment of a multi-disciplinary women's centre for reproductive health care, social assistance, legal counseling and community education in the Al-Preuj camp between Gaza and Khan Yunis. The centre was inaugurated in December 1995, and activities are being implemented by a Palestinian NGO in cooperation with the Italian Association for Women in Development.

15. During the period 1986-1994; UNFPA sponsored five Ph.D. fellowships in population- related fields, thereby helping to establish a qualified cadre of population specialists. In 1995, the Country Support Team (CST) based in Amman, Jordan, assisted in formulating a population and housing census project. In 1995, $325,000 was allocated to carry out preparatory activities. The actual conduct of the census is a central element of the proposed programme. In 1994 and 1995, the Fund sponsored four training workshops for about 125 members of Palestinian NGOs in preparation for

the ICPD and the Fourth World Conference on Women. The workshops contributed to the effective participation of NGO representatives in both conferences.

18. UNDP's current programme of assistance to the Palestinian people for the period 1996-1998 amounts to $78 million, which includes a small amount to cover salaries of key staff of the population and housing census project and to support gender-sensitive training and advocacy activities for women. UNICEF's programme of assistance (1996-1997) in the amount of $35 million includes activities to strengthen the health system. The European Union is embarking on a project in the amount of $5.3 million for the period 1996-1998 to support family planning in the West Bank and Gaza aiming, inter alia, at promoting favourable attitudes towards family planning and at integrating family planning in about 30 public health clinics. WHO is planning technical assistance for 1996-1997 in the areas of MCH, women's health, nurses' training, AIDS and STDs.

Proposed programme

19. In view of the disparities in the levels of development among the various areas in Gaza and the West Bank, the proposed programme of assistance would concentrate on poor, densely populated and underserved areas, particularly in Gaza. Taking into account that the civil society is very active, the proposed programme of assistance would help to promote partnership between the Palestinian Authority, NGOs and the private sector. Given the current lack of access to integrated reproductive health services, the proposed programme would focus on reproductive health. The different elements of the programme would be designed to reinforce one another. For instance, census and survey data disaggregated by gender would be used as an advocacy tool to sensitize policy makers towards the integration of women's concerns in development plans.

20. Reproductive health. In the area of reproductive health, the programme would help build institutional capabilities both at the policy and the service delivery levels with emphasis on primary health care. At the policy level, the Fund would assist in strengthening the capacity of the Women's Health and Development Department of the Ministry of Health to implement policies promoting women's health. To this end, a training programme would be designed and implemented in collaboration with relevant agencies, such as WHO. Technical assistance would help the Department to develop a masterplan for women's health. The Fund would also provide technical assistance to upgrade the capabilities of the Primary Health Care Department to complement management training being sponsored by the Government of Italy.

21. At the operational level, the Fund would help to improve reproductive health services by building on inputs in the health field from donors such as the European Union, the World Bank and UNRWA. Assistance would be extended to both the Ministry of Health and NGOs to integrate reproductive health into the programmes of 100 primary health care clinics and to strengthen the referral system at the secondary and tertiary levels.

22. UNFPA would assist in training health providers (physicians, nurses and midwives), including the training of trainers, in clinical aspects of reproductive health as well as counselling and

interpersonal communication. At the pre-service level, support would be provided to the Nursing Schools in Gaza and the West Bank, while at the in service-level assistance would be extended to the Institute of In- Service Training at Al-Shifa Hospital in Gaza.

23. The Fund would help to strengthen the infrastructure of health facilities through provision of medical equipment, supplies and essential drugs related to reproductive health services, including a wide range of contraceptives. UNFPA's support to reproductive health services and IEC would focus on family planning, safe motherhood, prevention and management of reproductive tract infections, prevention of HIV/AIDs, and adolescent reproductive health. Other services, such as screening and diagnosis of breast and uterine cancer and diagnosis of high-risk pregnancies, would be supported on a limited basis. UNFPA would assist a local NGO affiliated with Care International in a pilot project for community-based distribution of contraceptives and family planning awareness creation in Jenin, an underserved area of the West Bank.

24. UNFPA would take the lead in developing appropriate IEC strategies with a focus on reproductive health. The Fund would support activities, through mass media and interpersonal and community channels, to create awareness about the disadvantages of early marriage and to promote favourable attitudes towards girls' education, responsible male sexual and reproductive behaviour, women's reproductive health and rights and their involvement in community development. To provide necessary inputs for the strategy, UNFPA would also support socio-behavioural research on attitudes of women, men and youth towards contraception and other aspects of reproductive and sexual health. Since the existing reproductive health awareness creation activities have traditionally targeted women, the IEC strategy would ensure that men are reached as well. In addition, the Fund would help strengthen the capacity of the Health Education and Promotion Unit of the Ministry of Health and would assist in establishing a task force to plan, coordinate, monitor and evaluate population IEC activities.

25. UNFPA would complement activities of the World Bank and UNICEF in strengthening health management information systems by integrating reproductive health information and assisting in identifying relevant indicators to monitor performance of reproductive health programmes. The Fund would collaborate with UNICEF in conducting a maternal and child health survey that would also include preparation of a reproductive health module.

26. The proposed programme would build on its current support for the Women's Centre in the Al-Preuj refugee camp. The centre extends integrated reproductive health services, counselling and IEC to cover the whole reproductive life cycle of women. The centre also provides legal and psychological counseling, particularly in cases of domestic violence, and sensitizes the community to the adverse consequences of violence against women. The Fund would assist in establishing another women's centre in the town of Jabalia, north of Gaza.

26. Population and development strategies. No census has been conducted in Gaza and the West Bank since 1967. Therefore, there is no reliable and up-to-date data on the size, characteristics and distribution of the population. Census data are badly needed by the Palestinian Authority, United Nations agencies, donors and NGOs for development planning. UNFPA would therefore continue

its support, including training, to the Palestinian Central Bureau of Statistics in conducting the census and collecting and analysing other demographic data. The census would allow for the construction of a master sample frame to be used in conducting subsequent surveys. UNFPA's support would focus on building the institutional and technical capabilities of the PCBS.

29. Advocacy. Women have been severely affected by the unfavourable socio-economic situation in Gaza and West Bank. Therefore, the Fund's advocacy activities would be targeted primarily at improving the educational and socio-economic status of women. To this effect, UNFPA would assist in conducting workshops for policy makers and planners at various levels to create awareness about women issues and ensure that women concerns are integrated in development plans. The Fund would provide technical assistance and training to strengthen the managerial, administrative and operational capabilities of women's NGOs.

30. The Palestinian Authority is at the initial stage of developing an indigenous education system. For this purpose, a Curriculum Development Centre has recently been established with assistance from UNESCO. UNFPA would collaborate with this centre and the Ministry of Education to integrate population education in the curricula of schools at the basic educational level as well as teachers training and literacy programmes.

Implementation, monitoring and evaluation

31. The Ministry of Health and NGOs, such as the Palestinian Family Planning and Protection Association and the Culture and Free Thought Association (CFTA), would implement reproductive health activities. The Palestinian Central Bureau of Statistics would carry out the housing census and the population statistics training activities. The Ministry of Education would incorporate population education into the education curricula of schools at the basic educational level. The Ministry of Social Affairs, the Ministry of Youth and Sports and the Ministry of Information, local NGOs and youth unions would implement awareness creation activities.

32. The Ministry of Planning and International Cooperation is the agency in charge of coordination of population and development programmes. UNFPA would work closely with all concerned ministries in programme formulation, coordination, execution and management. UNFPA would also continue to enhance coordination and collaboration with the pertinent United Nations agencies and bilateral donors within the coordination mechanisms that have already been established and through the continuous exchange of information.

33. All programme activities would have built-in monitoring and evaluation components. All activities would be subject to standard progress reports, monitoring field visits and tripartite review meetings. The UNDP/UNFPA field office in Jerusalem would closely monitor programme activities. The UNFPA Country Support Team in Amman, Jordan, would provide technical assistance and participate in monitoring activities. A mid-term review would take place in 1998.

Recommendation

34. The Executive Director recommends that the Executive Board approve the programme of assistance to the Palestinian Authority, as outlined above, in the amount of $7.2 million, of which $5.2 million would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $2 million would be sought from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on allocation of UNFPA resources.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Viet Nam

Proposed UNFPA assistance: **$24 million, $20 million from regular resources and $4 million from multi-bilateral and/or regular resources**

Programme period: **4 years (1997-2000)**

Cycle of assistance: **Fifth**

Category per decision 96/15: **B**

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	14.0	3.0	17.0
Population & development strategies	2.9	.5	3.4
Advocacy	3.1	.5	3.6
Total	20.0	4.0	24.0

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VIET NAM

Demographic Facts

Population (000) in 1995	74,545
Population (000) in year 2000	82,648
Sex Ratio (/100 females)	97.0
Per cent urban	20.8
Age distribution (%)	
Ages 0-14	37.4
Youth (15-24)	19.9
Ages 60+	7.3
Percentage of women aged 15-49	50.3
Median age (years)	21.2
Population density (/sq.km.)	225
Annual population growth rate (%)	2.06
Urban	3.5
Rural	1.7
Crude birth rate (/1000)	27.9
Crude death rate (/1000	7.0
Net migration rate (/1000)	-0.3
Total fertility rate (woman)	3.51
Life expectancy at birth (years)	
Males	64.9
Females	69.6
Both sexes	67.4
GNP per capita (U.S. dollars, 1994)	200

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: the 1994 Revision. GNP per capita is from the World Bank, World Development Report, 1996. Two dashes (--) indicate that data are not available.

INDICATORS RELATED TO ICPD GOALS*

		(THRESHOLDS)*
Births attended by health professional (%)[1]	95.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	53.0	≥55
Access to basic health services (%)[3]	90.0	≥60
Infant mortality rate (/1000)[4]	42.0	≤50
Maternal mortality rate (/100,000)[5]	120.0	≤100
Gross female enrolment rate at primary level (/100)[6]	91.4	≥75
Adult female literacy rate (%)[7]	88.7	≥50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY EXECUTIVE BOARD DECISION 96/15.

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, Education for All - Status and Trends, 1994.*

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2000 to assist the Government of Viet Nam achieve its population and development objectives. UNFPA proposes to fund the proposed programme in the amount of $24 million dollars, of which $20 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $4 million from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's fifth programme of assistance in Viet Nam.

2. The proposed programme is based on 1993's national population strategy up to the year 2000; discussions with government officials and representatives of other United Nations organizations, bilateral donors and national and international non-governmental organizations (NGOs); the 1995 Country Strategy Note; the "Directions of the Government of Viet Nam for Cooperation with UNFPA's Fifth Cycle"; national reports prepared for recent international conferences, including the International Conference on Population and Development (ICPD); the 1995 mid-term review of UNFPA's fourth country programme and the findings and recommendations of the programme review and strategy development (PRSD) mission that visited Viet Nam in October 1995.

3. The main aim of the programme is to strengthen national capacity to further integrate reproductive health, including family planning and sexual health, services into the national primary health care system and to ensure the quality of those services so that they respond adequately to client demand and are made available to currently underserved populations. This will be done through enhancing capacity for programme management and service delivery at the provincial, district and commune levels in six selected provinces, and through policy advice and technical assistance at the central level. Gender issues will be mainstreamed into all programme activities.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the ICPD, which was endorsed by the General Assembly through its resolution 49/128.

Background

5. The Government of Viet Nam is committed to the principles of the ICPD and fully recognizes its population challenges: 57 per cent of the country's population is under 25 years of age, and the density per hectare of cropland reaches 11 persons, the highest in the region. The population is also ageing, and by 2020, 10 per cent of the total will be 60 and over. Since the 1960s, the Government has been concerned about population issues, increasingly so in recent years: Over the last five years the budget for population and family planning activities increased tenfold, new policies were adopted, and an overall population strategy as well as an information, education and communication (IEC) strategy were approved. Donor assistance increased significantly. The national strategy is to attain population stabilization by 2015 by fostering small families through a voluntary programme.

6. The membership of the National Committee for Population and Family Planning (NCPFP), created in 1984 and raised to ministerial status in 1992, includes line ministries, mass organizations

and one non-governmental organization (NGO). Its nationwide network informs people about family planning and mobilizes their support. The Ministry of Health provides an extensive network of health centres that can, if strengthened, provide reproductive health services to a very large proportion of the population. However, in remote areas services are not meeting the needs of the population, mainly ethnic minorities, and reproductive health indicators in these areas are often very poor.

7. Even though per capita income is still quite low, Viet Nam's commitment to the welfare of its people is shown by its performance in such social indicators as female literacy, contraceptive prevalence rates, life expectancy, infant mortality and fertility. This explains why Viet Nam is in category "B" in UNFPA's new scheme for resource allocation. However, national averages hide great differences by region and among different socio-economic and ethnic groups. In addition, Viet Nam is going through a dramatic period of transformation, with signs that the impressive achievements in the health and education sectors are being eroded. There are risks that more vulnerable groups may be further marginalized. Rural-urban migration is increasing. Malnutrition for women and children is a concern, and about 50 per cent of the population is considered poor.

8. Even though Viet Nam has an extensive health network, there are several indications of unmet needs for reproductive health services and of low quality of care: poor use of health services, a decreased proportion of deliveries in health institutions, high maternal mortality (120 per 100,000 live births), great reliance on one contraceptive method (50 per cent of users use the IUD), high use of traditional methods (32 per cent of users), low continuation rates for some methods, high incidence of abortion (40 per cent of pregnancies are terminated), a high level of reproductive tract infections and a rapid rise in the rate of HIV infection. New phenomena like increasing fertility and abortions among unmarried youth are also of concern.

9. Although the Government of Viet Nam is strongly committed to gender equality, as reflected in national legislation and in the provision of social services, the income of women is lower than that of men and their representation in the political arena remains low. There is a cultural preference for sons, but there are no indications of discrimination against girls in terms of health care. However, there is recent evidence to suggest that school enrolment is falling faster for girls than for boys.

Previous UNFPA assistance

10. During UNFPA's fourth country programme, the Fund responded to many of the most basic material needs (contraceptives, equipment, drugs, refresher training, etc.) of the country's population programme, contributing to improving national capacity and the quality of care and fostering a greater understanding of population issues. The Government intends to replicate a number of outputs developed within the UNFPA-supported programme in other parts of the country where the Fund has not been directly involved. However, the key lesson that emerged from the third and fourth country programmes is that a longer commitment is necessary in order to institutionalize changes, ensure sustainability, and consolidate and extend the gains made. This is particularly true given the need to broaden the programme focus under the proposed programme to cover reproductive health needs generally. For this reason, UNFPA is proposing to continue to carry out programme activities in the same provinces as during the fourth cycle.

11. National capacity has been strengthened through training and technical assistance, as well as through genuine national execution of activities, but, in truth, this strengthening has often been done as a way of generating the desired outputs of UNFPA-supported projects rather than as a way to strengthen the institutions per se. This was due in part to the lack of thorough assessment of the management capacity and needs of the institutions involved and of the Government's strategy for human resource development in those institutions. This partly explains why several of the initiatives supported by UNFPA have not yet been fully institutionalized at the national level, and it is a key factor limiting the country's capacity to absorb external population assistance. Limited institutional capacity needs to be recognized as a crucial constraint to Viet Nam's ability to implement and sustain its own comprehensive population and development programme that includes a quality reproductive health programme.

12. Efforts made to address programme-level constraints have not been systematic enough to eliminate them. Critical constraints include a lack of policy guidance; highly centralized and vertical management structures; unclear roles and functions; little coordination among and within institutions; weak capacity in planning, problem-solving, decision-making, monitoring and evaluation; a weak and poorly disseminated information base; and limited capacity for analysis and research and for translating research results into useful policy tools. UNFPA support under the proposed programme will focus on building the institutional capacity to help address these constraints.

13. Until now, most of the attention in UNFPA programmes was given to the needs of the mainstream population, specifically to rural married couples. Not enough has been done to serve the specific needs of sub-populations (ethnic minorities, men and adolescents) or to take account of the regional variations in social indicators. Likewise, while IEC materials have been informative, they have not been adequate in addressing particular misconceptions or ineffectual practices.

Other external assistance

14. Until recently, UNFPA was the major donor in population in Viet Nam, but this has now changed considerably. There are now several external donors operating in the area of population, and, to avoid duplication, the Government has decided to allocate different provinces to different organizations. The World Bank is initiating a national health support project ($100 million) and a population and family health project ($130 million) with the Asian Development Bank and Germany's Kreditanstalt für Wiederaufbau to strengthen the delivery and management of maternal and child health and family planning (MCH/FP) services in 15 provinces as well as to help meet the country's needs for contraceptive. The German Gesellschaft für Technische Zusammenarbeit supports a family health project ($6 million) in selected districts of five provinces. The Australian Agency for International Development is planning to support women's and family health ($15 million) in selected districts of an additional five provinces. The Swedish International Development Cooperation Authority has a comprehensive programme with the Ministry of Health. Japan has been providing extensive support to the health sector, as well as multi-bilateral support to UNFPA activities, which have also been supported by Australia, Belgium, France and Sweden. UNICEF is active in MCH in many districts throughout the country, and UNAIDS has just started activities. Several international

NGOs, including Pathfinder International, The Population Council, DKT International and the International Planned Parenthood Federation are now working in Viet Nam.

15. Given this high level of support from other donors, UNFPA's activities are designed to complement these other programmes. Other donors typically support MCH/FP programmes at the provincial level while their activities at the central level are limited. UNFPA's role at the central level, in terms of integrating reproductive health into MCH/FP activities, advocacy, and population and development strategies, will therefore be of great strategic importance. UNFPA can play an important role not only in providing direct support to meet some of the basic needs of Viet Nam's population programmes but also in serving a catalytic role in introducing new approaches that the Government can expand upon, either on its own or in cooperation with other international partners. Thus, while UNFPA's proposed support for reproductive health activities is modest in comparison with new donors in the sector, the Fund can help the Government, in a comprehensive and systematic manner, to make the reproductive health approach fully operational throughout the health system.

Proposed programme

16. Reproductive health. UNFPA would support an integrated reproductive health programme in each of the districts and communes of six selected provinces as well as provide strategic support at the provincial and central levels. Ongoing activities at the commune level, which will receive the largest share of UNFPA financial resources, will be strengthened to improve the quality of services and to integrate reproductive health components into MCH/FP services. Ongoing support would also be provided for IEC activities in support of reproductive health, designed to promote social mobilization and community participation. The Fund's partnership with various Vietnamese mass organizations will be important in carrying out such activities. Assistance at the district level would serve to improve supervisory and technical capacity so that the districts can better carry out their role as first referral centres. Assistance at the provincial level will focus on improving planning and management capacities.

17. In order to sustain the progress that has already been made, UNFPA would continue to provide assistance to five out of the seven provinces supported during the fourth country programme: Yen Bai, Thai Binh, Quang Nam Da Nang, Khanh Hoa and Song Be. The other two provinces will be supported by the World Bank. In addition, UNFPA will start work in Ha Giang, a remote province that is not receiving significant donor support. Ha Giang is one of the country's underserved areas, with poor socio-economic and demographic indicators, and a relatively large proportion of ethnic minorities. The intention is to make these provinces strong centres of quality reproductive health services, which will pave the way for other provinces to replicate their positive lessons.

18. At the central level, the aim of the programme will be strengthen the capacity of key ministries in using analytical and technical tools in formulating policy and to manage the national population programme. This will mean, inter alia, helping to shift from a quantity to a quality approach and to identify ways to improve and integrate existing reproductive health services. In the six provinces where the Fund will concentrate its activities, UNFPA will work to build capacity to implement new

policies and procedures developed at the central level. Selected inputs, such as equipment and drugs, will be provided to improve reproductive health services at the grass-roots level.

19. UNFPA will support the Government in updating the national population IEC strategy so that the messages being disseminated encompass the entire gamut of reproductive health issues, that messages and approaches are refined and appropriately segmented to better respond to particular misinformation and ineffectual practices, to regional realities, and to specific sub-populations.

20. Population and development strategies. UNFPA will provide only limited assistance in the area of population and development strategies. This support will focus on strengthening the national capacity to address such emerging population and development policy issues as ageing, rural-urban migration, gender economic disparity, and population and the environment. In order to strengthen key weaknesses in research it is proposed to strengthen the capacity to carry out policy-relevant research, as well as multi-disciplinary research, with an emphasis on gender issues and to further improve the quality of data collection and data dissemination. Training capacity in gender issues, management and strategic planning, monitoring and evaluation, and analysis and policy formulation will be developed for managers, planners and policy-makers in the six selected provinces as well as at the central level.

21. Advocacy. Intensive advocacy efforts will focus on the relationships between the individual, families and the overall welfare of the community; the need for gender equity and equality, including improving the status of women in the workplace; the importance of reproductive health and rights for women and adolescents; the advantages of girls' education; and the responsibilities of men and their family roles. Activities will aim at enlisting support from leaders and communities and at linking with the multisectoral programmes and projects of the Government and other donors and at supporting the emerging NGOs in the population and development sector.

Implementation, monitoring and evaluation

22. In line with the Government's efforts at decentralization, and in collaboration with the central level, the provincial authorities will have increased responsibility in the planning, management and implementation of project activities in the six provinces. While the overall responsibility of the programme management will be assumed by the Government, its implementation will be monitored in accordance with UNFPA guidelines. Monitoring and evaluation criteria, including the establishment of baseline data and qualitative and quantitative indicators, will be built into all projects, including the monitoring of the improvement of the quality of care and of the mainstreaming of gender issues. A mid-term review will be held in late 1998.

23. To the extent possible, the programme, under the direction of the UNFPA Representative, will encourage and reinforce national execution. It will also make full use of available and appropriate national capacity, including NGOs, complemented by the UNFPA technical support services system, in particular the Country Support Team (CST) in Bangkok, Thailand, as well as other regional and international sources of long- and short-term technical assistance.

Recommendation

24. The Executive Director recommends that the Executive Board approve the programme of assistance for Viet Nam as presented, in the amount of $24 million over the period 1997-2000, $20 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $4 million would be sought from multi-bilateral resources and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Royal Government of Cambodia

Proposed UNFPA assistance	$16 million, $14 million from regular resources and $2 million from multi-bilateral and/or regular resources
Programme period	4 years (1997-2000)
Cycle of assistance	First
Category per decision 96/15	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	6.6	1.4	8.0
Population & development strategies	4.9	.6	5.5
Advocacy	2.5	-	2.5
Total	14.0	2.0	16.0

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CAMBODIA

Demographic Facts

Population (000) in 1995	10,251
Population in year 2000 (000)	11,637
Sex Ratio (/100 females)	93.0
Per cent urban	20.7
Age distribution (%)	
Ages 0-14	44.9
Youth (15-24)	16.5
Ages 60+	4.2
Percentage of women aged 15-49	47.0
Median age (years)	18.0
Population density (/sq km)	57
Annual population growth rate (%)	2.54
Urban	5.6
Rural	1.6
Crude birth rate (/1000)	37.3
Crude death rate (/1000	12.1
Net migration rate (/1000)	0.3
Total fertility rate (woman)	4.86
Life expectancy at birth (years)	
Males	52.6
Females	55.4
Both sexes	54.1
GNP per capita (U.S. dollars, 1994)	230

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

INDICATORS RELATED TO ICPD GOALS*

		(Thresholds)*
Births attended by health professional (%)[1]	47.0	60
Contraceptive prevalence rate (15-44)%[2]	13.0	55
Access to basic health services (%)[3]	53.0	60
Infant mortality rate (/1000)[4]	116.0	50
Maternal mortality rate (/100,000)[5]	500.0	100
Gross female enrolment rate at primary level (/100)[6]	90.0	75
Adult female literacy rate (%)[7]	65.0	50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY EXECUTIVE BOARD DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST ESA SER.A 143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, Education for All - Status and Trends, 1994.*

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2000 to assist the Royal Government of Cambodia in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $16 million, $14 million of which would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $2 million from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. The proposed programme has been harmonized with Cambodia's first Five-Year Socioeconomic Development Plan and will be synchronized with the programme cycles of UNICEF and UNDP. This would be UNFPA's first programme of assistance to Cambodia.

2. The programme has been designed in close consultation with the Government and with other United Nations agencies and organizations, bilateral and multilateral donors, and several national and international non-governmental organizations (NGOs) working in Cambodia. The programme takes into account the Government's national rehabilitation programme, the five-year development plan, the Cambodian report prepared for the International Conference on Population and Development (ICPD), lessons learned during UNFPA's two-year presence in Cambodia, the recommendations of the programme review and strategy development (PRSD) mission of March 1996, and the proposed programmes of other multilateral and bilateral donors.

3. The proposed programme is faced with three major challenges: the limited availability of and access to reproductive health services, the lack of reliable demographic and socio-economic data, and inadequate human and physical resources. In the long run, the goal of the programme is to enable the Government to formulate and implement a fully integrated population and development programme, but this is necessarily going to take time. The fundamental aim of UNFPA's assistance to Cambodia, therefore, is to help build national capacity from what is now a very low level. During the period of the proposed programme, UNFPA will help the Government provide basic reproductive health services in primary health care facilities, carry out a national census, formulate and begin implementation of a population education programme and carry out certain advocacy activities.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, will be undertaken in accordance with the principles and objectives of the Programme of Action of the ICPD, endorsed by the General Assembly through its resolution 49/128.

Background

5. According to United Nations estimates, the population of Cambodia in early 1993 was 8.9 million. The combination of an average annual growth of 2.7 per cent and the repatriation of 365,000 people from border camps led to rapid growth in the population -- to more than 10 million in early

1996. All of these estimates are very approximate in that the last national census was taken in 1962. The country's recent demographic history has been heavily affected by the war and civil disturbances before, during and after the Khmer Rouge regime from 1975 to 1979. It has been estimated that during this period more than 1.5 million people died and another 1 million left the country, out of a total population of 7 million. As a result, the present population is characterized by a strong sex imbalance (56 per cent of the adult population is female), an unusually high proportion of households headed by women (about 25 per cent), a high fertility rate (nearly 5 children per woman), a high proportion of youth (47 per cent under the age of 15 years), and a high migration rate.

6. Out of seven indicators used in the revised approach for UNFPA resource allocation, Cambodia meets the threshold levels for only two of them -- female literacy and girls' enrolment in primary school. It is very far from meeting the threshold levels for the health indicators. In addition, Cambodia is classified as a least developed country, with a per capita gross domestic product of around $230. As a result, Cambodia falls into the "A" category in terms of UNFPA assistance.

7. There is no elaborated national population policy in Cambodia nor does there seem to be any national awareness of the relation between the growing need for social services and the ever-increasing numbers of dependent children. In fact, many officials feel that the country has a population "gap" to make up following the loss of population during the Khmer Rouge regime. However, the Government has come to recognize the deleterious effects on maternal and child health of births that are too early, too late and too close together and has adopted a birth-spacing policy promoting the use of reversible methods of contraception. Among other problems faced by Cambodia are extremely rapid increases in the rates of sexually transmitted diseases (STDs) and HIV/AIDS and widespread incidences of sexual exploitation and domestic violence.

8. Women are not culturally or legally in a situation of inferiority in Cambodia, but the country's modern political history and its poverty have resulted in a gender imbalance detrimental to women with regard to access to education and social services and to participation in decision-making bodies. However, Cambodia was represented by strong government and NGO delegations at the Fourth World Conference on Women, and this has resulted in the upgrading of the State Secretariat for Women's Affairs into a full-fledged Ministry of Women's Affairs, to be headed by a woman.

UNFPA and other assistance to date

9. UNFPA opened a permanent office in Cambodia with a resident Country Director in May 1994 and initiated two major projects soon after: one for promoting birth spacing and the other for beginning preparations for a national census, including carrying out a large-scale demographic survey. These projects were approved by the Executive Board in February 1995 for $1.5 million and $1.4 million, respectively. The United Kingdom pledged a total of $400,000 to the birth-spacing project. Among the achievements of these initiatives were the development and adoption of a national birth-

spacing policy, development of curricula and training materials for health professionals, development and production of information, education and communication (IEC) materials, a national survey on knowledge, attitude and practice (KAP) concerning fertility and contraception, and the large-scale demographic survey.

10. UNICEF and WHO have initiated training and service delivery activities in the area of maternal and child health (MCH). Together with UNDP, these agencies have supported a reform of the Ministry of Health to strengthen the district health system and develop human resources. The Asian Development Bank provided support to the National Institute of Statistics for data collection and policy development. In the education sector, UNICEF, UNESCO and the European Union are coordinating efforts to redesign curricula and to train teachers.

11. There is general consensus that during its first two years, UNFPA was successful in raising the profile of population issues and made concrete achievements in its two initial projects. The implementation rates of these projects reached 90 per cent, in large part because they were new, responded to real needs, and benefited from government commitment at all levels. The choice of appropriate experts, advisers and consultants allowed significant progress despite the weakness of national capacity. Because of UNFPA's achievements, the Government has assigned to UNFPA a lead role in helping coordinate external assistance in the fields of population and reproductive health. The proposed programme will follow up on the successes obtained in the Fund's two initial projects. In all cases, these activities will now emphasize the development of the capacity of national counterpart staff.

12. There are four main constraints to the formulation and implementation of population policies and programmes in Cambodia: lack of government commitment, weak national capacity, lack of coordination among activities, and paucity of data. The weakness of national capacity affects the public sector at all levels and in all domains. It results from the legacies of past regimes, the very low wages paid to public sector employees, and the unusual political system, which has two almost parallel governments with little coordination between them. This impacts on the implementation of all programme activities. For example, during the first two years of UNFPA's operations in Cambodia, it was apparent that there was a major discrepancy between the poor quality of reproductive health services being provided in public, non-paying health facilities and the much better services offered by the private sector, often by "moonlighting" public employees. This meant, of course, that the large part of the population unable to pay for reproductive health services received either inadequate services or no services at all. Under the proposed programme, efforts will be made to reduce this discrepancy by helping to improve the conditions of the public employees and also by working with the private sector, including sub-contracting some activities to them.

13. The lack of reliable data in all fields related to population and development is another major constraint. The Government has no demographic figures and no population projections on which planning can be based. The civil registration system is irregular and not properly compiled. The PRSD, while acknowledging post-ICPD guidelines limiting support to population censuses, recommends that UNFPA support the first Cambodian census in 35 years to provide an appropriate database for development planning and to build national capacity for future data collection exercises.

Proposed programme

14. Reproductive health. The overall strategy of the proposed programme is building capacity at all levels in both government and non-government institutions. Building a strong base for implementing the components of the programme is the most important condition for sustainability and reduction of dependency on external assistance. This strategy implies strengthening the central and provincial levels in order to ensure leadership, but it also means building up human resources at the district and commune levels, where service providers, educators and advocates are in direct contact with the people.

15. In the area of reproductive health, including family planning and sexual health, the sub-programme aims at the provision of safe, accessible and affordable family planning services for 80 per cent of women at the primary health level and the integration of these services into a broader range of reproductive health services, including safe motherhood, prevention of STDs and HIV/AIDS, reproductive morbidity care and attention to problems of infertility. Adolescents would be given special attention in view of the growing problems of pregnancies, unsafe abortions and STDs and HIV/AIDS among adolescents, and the sexual exploitation of minors. Youth groups will be approached, particularly those who can reach young people not in school, and sex education will be introduced into school curricula.

16. The contraceptive requirements for the public sector for the next four years have been estimated at $2.9 million. For the first three years of the programme, 1997-1999, the contraceptives will be procured and paid for by the German Government under a bilateral agreement with the Ministry of Health. UNFPA will assist the Government in looking for additional funding to cover the needs of the last year of the programme and for subsequent years.

17. Population and development strategies. As noted above, the priority in the area of population and development strategies will be to establish a political and technical framework for population policies and to help the country carry out the much-needed population census. Both components rely heavily on a strategy of building capacity so that they can be sustainable over the long term. The Ministry of Planning has taken the lead in assigning most of its staff to prepare for the census. Scheduled for the last month of 1997, the census will require around 30,000 workers, and the challenge will be to ensure proper training and appropriate logistics. Several donors have expressed

interest in the exercise, but none have so far committed funds. The census will require collaboration between the Ministries of Planning and the Interior and substantial donor inputs in addition to UNFPA technical support.

18. As a complementary measure of capacity building in data collection and analysis, and if additional funding can be obtained, training in demography and population sciences will be carried out at the University of Phnom Penh and at several ministries. Policy-relevant population research would also be supported.

19. Advocacy. The Fund will help the Government develop a national masterplan for advocacy as well as for IEC activities in support of reproductive health. This will include identifying target audiences, proposing relevant messages, designing targeted materials and measuring outcomes. Specifically, the Fund would assist in developing awareness campaigns for the mass media on the prevention of STDs and HIV/AIDS. NGOs have shown themselves to be particularly suitable in helping to carry appropriate messages to the grass-roots level. The priority audience for reproductive health information is, in fact, village women, who are often poorly educated and whose behaviour is often based on rumours, misinformation and no information at all. The UNFPA-supported KAP survey revealed, for example, that most Cambodian women did not know when the fertile period was in their menstrual cycle.

20. Gender sensitization would be a crucial component of all advocacy and population education activities, focusing on reproductive health, education, economic empowerment, and access to justice and legal aid. UNICEF, UNESCO, UNDP and the United Nations Centre for Human Rights have initiated gender training in these four fields. UNFPA will support the Ministry of Women's Affairs as the leading institution in gender advocacy, but will work with NGOs and with other governmental agencies as well. Women's NGOs and religious institutions have a role to play in some specific population education issues, such as prevention of teenage pregnancy, promotion of family cohesion, reduction of domestic violence, AIDS prevention and environmental protection. Under the proposed programme, the Fund will work with such national NGOs as the Khmer Women's Voice Centre, Cambodian Researchers for Development, the Reproductive Health Association of Cambodia, and the Association of Cambodian Local Economic Development Agencies in promoting these goals.

Implementation, monitoring and evaluation

21. The programme would be carried out by government agencies from the various sectoral ministries, UNFPA, other United Nations agencies and organizations and both national and international NGOs. The UNFPA Country Support Team (CST) headquartered in Bangkok, Thailand, would provide technical backstopping. A mid-term review would be undertaken at the beginning of 1999. In accordance with UNFPA guidelines, quantitative and qualitative indicators will

be used to monitor and evaluate programme impact. Each project will have annual reviews, during which the annual report and the forthcoming workplan will be examined. With a view to assessing the impact of the reproductive health sub-programme, a new KAP survey on fertility and contraception would be undertaken in 1999 and compared to the baseline survey carried out previously.

22. With regard to the United Nations system, the Resident Coordinator would hold regular meetings of the member organizations of the Joint Consultative Group on Policy (JCGP), as well as other members of the United Nations System in order to facilitate the harmonization of programmes and the joint funding of some projects. It is planned that UNAIDS will start activities in Cambodia during the period of the proposed programme.

Recommendation

23. The Executive Director recommends that the Executive Board approve the programme of assistance for Cambodia, as outlined above, in the amount of $16 million over the period 1997-2000, $14 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $2 million would be sought from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Zimbabwe

Proposed UNFPA assistance:	$8.9 million, $6.4 million from regular resources and $2.5 million from multi-bilateral and/or regular resources
Programme period:	4 years (1996-1999)
Cycle of assistance:	Third
Category per decision 96/15:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	4.5	2.4	6.9
Population & development strategies	1.1	.1	1.2
Advocacy	.8	-	.8
Total	6.4	2.5	8.9

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ZIMBABWE

Demographic Facts

Population (000) in 1995	11,261
Population in year 2000 (000)	12,514
Sex Ratio (/100 females)	98.4
Per cent urban	32.1
Age distribution (%)	
Ages 0-14	44.1
Youth (15-24)	20.2
Ages 60+	4.3
Percentage of women aged 15-49	47.4
Median age (years)	17.8
Population density (/sq.km.)	29
Annual population growth rate (%)	2.11
Urban	4.4
Rural	0.9
Crude birth rate (/1000)	36.0
Crude death rate (/1000	13.2
Net migration rate (/1000)	- 1.7
Total fertility rate (woman)	4.53
Life expectancy at birth (years)	
Males	49.8
Females	51.8
Both sexes	50.89
GNP per capita (U.S. dollars, 1994)	490

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

INDICATORS RELATED TO ICPD GOALS*

		(Thresholds)*
Births attended by health professional (%)	70.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	43.0	≥55
Access to basic health services (%)[3]	85.0	≥60
Infant mortality rate (/1000)[4]	67.0	≤50
Maternal mortality rate (/100,000)[5]	285.0	≤100
Gross female enrolment rate at primary level (/100)[6]	84.0	≥75
Adult female literacy rate (%)[7]	77.9	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY EXECUTIVE BOARD DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST ESA SER.A 143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, Education for All - Status and Trends, 1994.*

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme over the period 1996-1999 to assist the Government of Zimbabwe achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of $8.9 million, $6.4 million of which would be committed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $2.5 million from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's third programme of assistance to Zimbabwe.

2. The proposed programme is based on the findings of an extended programming process in which the UNFPA field office and a group of national consultants conferred frequently with key government officials, especially in the Ministry of Finance, the Ministry of Health and Child Welfare, the National Economic Planning Commission and the Zimbabwe National Family Planning Council (ZNFPC), as well as with leading non-governmental organizations (NGOs). The UNFPA Country Support Team based in Harare provided guidance and feedback during this exercise. The proposed programme takes into account the Government's population priorities, the relatively advanced state of Zimbabwe's population programme, and inputs from other donors, including United Nations agencies.

3. In spite of the impressive achievements of Zimbabwe's national population programme, the country's reproductive health situation is being jeopardized by difficult economic conditions and by the HIV/AIDS epidemic. The overall objective of UNFPA assistance is to enable the Government to better address five of its priority population concerns: adolescent reproductive health, maternal mortality, the quality of reproductive care, the HIV epidemic, and the status of women. Given the significant efforts of the Government and the presence of a large number of other donors, the most effective use of UNFPA resources will be for meeting important needs left unfinanced by the Government and other donors. This is especially true in reproductive health, where other donors are concentrating their efforts. UNFPA assistance will be tailored to complement the considerable inputs of Government, local NGOs and other donors.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Zimbabwe has been classified as a group "B" country in terms of UNFPA resource distribution, having met the threshold level for four of the seven selected indicators. It does not, however, meet the criteria for three of the indicators relating specifically to reproductive health -- contraceptive prevalence rate, maternal mortality rate and infant mortality rate. The maternal and infant mortality rates have, in fact, been worsening in recent years. The per capita gross national product (GNP) of $490 is well below the norm for group "B" countries.

5. Zimbabwe is characterized by a high rate of population growth caused by relatively high fertility and declining mortality rates (although these now seem to be climbing after years of decline), a relatively high level of contraceptive prevalence, increasing HIV prevalence, rural residence, and extreme youthfulness. The population was 11.3 million in 1995, up from 7.6 million in 1982, representing an average annual growth rate of 3.1 per cent. The Government projects that the population size will increase to 16.5 million by the year 2007, although this projection does not take into consideration the potential demographic impact of the increasing prevalence of HIV/AIDS. The population is very young with 45 per cent under 15 years of age while only 3 per cent is 65 years and above. About two thirds of the population lives in rural areas, but there is substantial rural-to-urban migration and the country's urban centres are growing at the rate of 3.6 per cent a year. The proportion of households headed by females, 33.2 per cent, is high.

6. The transition to lower fertility rates has started in Zimbabwe, but it is too early yet to know whether this constitutes a continuing trend. The crude birth rate decreased from 44 per 1,000 in 1982 to 34.5 per 1,000 in 1992. Similarly the total fertility rate declined from 6.4 in 1984 to 4.3 in 1994 and is projected to decline to 3.7 by the year 2002. Fertility rates, however, remain high among particular groups, especially uneducated and rural women. The level of teenage pregnancies is relatively high: in 1994 about 20 per cent of women aged 15-19 were either pregnant or had borne at least one child. Knowledge of family planning is almost universal, and use of contraceptives is high and increasing. The contraceptive prevalence rate among married women is 48 per cent, up from 38 per cent in 1984. Fully 42 per cent of women use modern methods (78 per cent of whom rely on oral contraceptives). However, services are not available to adolescents under 16, and for those over 16 the attitudes of service providers are a significant barrier to use of family planning and other services.

7. The HIV prevalence rate is estimated at 17 per cent of the adult population and reaches more than 30 per cent among pregnant women. The potential demographic consequences of the HIV/AIDS pandemic are not routinely taken into account in population projections or in efforts to incorporate population into development planning. Awareness of AIDS is almost universal, but it has not led to behavioural changes, especially among females, sufficient enough to slow the spread of HIV infection.

8. In addition to the achievements mentioned above, Zimbabwe has been able to improve on many other indicators of human development since Independence. For example, adult literacy increased from 62.3 per cent in 1982 to 80.4 per cent in 1992. Primary school enrolment had risen to 83 per cent in 1994. About 85 per cent of the population has access to modern health facilities. The 1994 demographic and health survey showed that 93 per cent of pregnant women received some form of pre-natal care during pregnancy, and 69 per cent of deliveries took place in health facilities.

9. Zimbabwe's economy has experienced a down-turn since 1983; the rate of economic growth averaged 2.2 per cent a year from 1982 to 1992 while the population was growing at 3.1 per cent a year, with a consequent decline in incomes. By some estimates, unemployment was 40 per cent in 1994. The Government adopted a five-year Economic Structural Adjustment Programme (ESAP) in 1991 that has reduced the traditionally large portions of the budget that are available for health and education, thereby threatening, at least in the short term, social gains achieved so far. The

Government has instituted programmes to cushion the impact of ESAP on the poorest segments of the population, but considerable donor support is needed to complement these efforts.

11. There are considerable gender disparities in most of the country's human development indicators, reflecting the lower social and economic status of women in the country. The female literacy rate is lower than that of males. Females are over-represented in the informal sector of the economy and in low-wage jobs in the formal sector but under-represented in higher management positions. However, the Government is ahead of schedule in meeting its targets for recruiting more female civil servants. Gender disparity is underpinned by a cultural system that prefers sons over daughters and places heavy emphasis on the role of women as mothers and housewives, thereby emphasizing their reproductive over their productive and community management roles.

12. Political commitment to population and human development (including gender concerns) has been high in Zimbabwe. The Government acknowledges that the country's population situation, especially its high rate of growth and young age structure, constitute obstacles to accelerated socio-economic and human development, especially with respect to the provision of social services. No explicit population policy has yet been formulated, but the Government has decided to do so and has set in motion the necessary processes.

Previous UNFPA assistance

13. The focus of UNFPA's second country programme (1989-1995) was on capacity-building and reproductive health, including the provision of contraceptives. During the programme period, the objective of reducing the total fertility rate to 4.5 was achieved in 1994, more than two years ahead of schedule. The programme was approved for a total of $10 million, but expenditures were low in the first years of the programme, which was eventually extended through 1995. Expenditures reached $10.4 million by the end of 1995. Development of in-school population education and formulation of a population policy lagged behind schedule and only began to gather steam at the end of the programme.

14. Several key lessons, of an essentially pragmatic and bureaucratic nature, have been extracted from the previous two UNFPA programmes. Support at both the political and technical levels of Government, including properly identifying appropriate agencies with which to work, is essential in Zimbabwe. For example, lack of support from the national counterpart ministry hampered implementation of activities in the area of maternal and child health and family planning (MCH/FP), and the population policy project was hindered because the proper counterpart agency was not identified until 1994. As elsewhere in the world, work in Zimbabwe has shown that increasing cooperation with NGOs increased both the flexibility and effectiveness of programme activities.

15. Progress in programme implementation has been hampered by the national economic crisis, implementation of the structural adjustment policy, a reorganization of government ministries in 1992, the restructuring of the Zimbabwe National Family Planning Council (ZNFPC), and an overstretched bureaucracy and low motivation of personnel due to deteriorating conditions of services. On the UNFPA side, funding constraints and vacancies in the Country Director post slowed implementation. Since mid-1993, performance has improved, and annual expenditures have exceeded $2 million.

Other external assistance

16. The country receives considerable assistance from both multilateral and bilateral donors in the implementation of its population programme, especially in the areas of reproductive health, where there are over ten major donors. The multi-donor-funded Family Health Project 1 ($52 million for 1987-1993) and 2 ($101 million for 1992-1997), under the leadership of the World Bank, have helped support the Ministry of Health and Child Welfare, including the ZNFPC, to reduce fertility, infant and maternal mortality rates, increase the financial sustainability of family planning programmes, improve health education, and strengthen detection and care of sexually transmitted diseases (STDs). Partners include Norway, Sweden, the European Union, Germany, the Netherlands, Denmark, the United Kingdom and UNFPA.

17. The United States Agency for International Development (USAID) provides $5.5 million a year for family planning activities. In addition to its support for the Family Health Project, the Swedish International Development Cooperation Authority (SIDA) supports AIDS prevention, demographic statistics and population education activities. Japan provided $13.4 million between 1992 and 1994 for the construction and equipping of maternity and paediatrics hospitals. Among United Nations agencies, UNICEF, UNAIDS and WHO have programmes in the country. UNFPA's comparative advantage among these donors, in spite of its low funding level, lies in its neutrality as the multinational population agency, in its flexibility and quick response time, in its technical credibility, and in its ability to coordinate activities among donors and the Government.

18. The coordination of donor inputs for the national population programme is an area that requires strengthening. In the health sector, the Ministry of Health and Child Welfare has a unit designated to coordinate all external assistance, but the substantive units often have more say in approving individual activities, leading to a lack of coordination among them. The Ministry calls quarterly briefing meetings for donors. ZNFPC also holds such quarterly meetings, for which UNFPA acts as the secretariat. The Resident Coordinator's office started in 1994 to act as the secretariat to all donor assistance in health area at the request of the donors and the Ministry. The National Economic Planning Commission (NEPC) is the coordinating ministry for population matters, although the delineation of responsibilities between the Ministry of Finance and the NEPC is not well defined.

Proposed programme, 1996-1999

19. Reproductive health. In the area of reproductive health, including family planning and sexual health, UNFPA will contribute to meeting the national objectives of reducing the maternal mortality rate to 200 or less per 100,000 live births by the year 2000 and to significantly reducing maternal morbidity; reducing the proportion of adolescents having children from the current 20 per cent to 10 per cent by the year 2000; reducing the rate at which HIV spreads, particularly among adolescents; and increasing the utilization of integrated reproductive health services and improving their quality.

20. UNFPA's support in achieving these goals will be limited to certain specific activities not now being undertaken by the Government or other donors. This would include, for example, setting up on a pilot basis, and expanding if successful, a scheme to provide family planning counselling in health facilities for women who have had abortions. In focusing on the needs of adolescents, the Fund would help set up pilot adolescent reproductive health centres and would support peer education

among adolescents by NGOs as well as starting an experimental activity to encourage parent-child discussion of reproductive health issues through NGOs, including church groups.

21. Other IEC activities in support of reproductive health will include campaigns by the Ministry of Health to inform health workers about reproductive health issues beyond those covered in traditional MCH/FP programmes and the introduction of family life education in the country's teacher training schools. The Fund would also help the Ministry of Information promote reproductive health through the popular media and would help the Zimbabwe National Family Planning Council (ZNFPC) build up its IEC capacity in advocating for smaller families, the use of contraception for family planning and practices to prevent STDs, including HIV/AIDS.

22. In helping the country deal with the AIDS pandemic, which has hit Zimbabwe especially hard, UNFPA will contribute to the UNAIDS programme, will provide technical expertise to the National AIDS Coordination Programme (NACP), and, together with UNICEF, support peer education among commercial sex workers. UNFPA will help in meeting the country's contraceptive needs, in cooperation with other donors and the Government, which has tripled its funding for contraceptives in the last three years. The Fund will focus on expanding the contraceptive mix in the country, especially in trying to reduce over-reliance on oral contraceptives and to increase usage of condoms, important for HIV prevention efforts. UNFPA will help in analysing bottlenecks in the logistics of contraceptive supply and in improving the system as well as working to maintain the successful community based distribution programme and to expand a pilot test of a depot holder system.

23. In helping to build national capacity, the Fund will carry out situation analyses on improving quality of care and integrating the concept of reproductive health into MCH/FP programmes. This will include strengthening the capacity for reproductive health research and dissemination of findings of the Medical School of the University of Zimbabwe and other relevant institutions. It will also mean helping national NGOs, like Zimbabwe Population Services, increase the reproductive health services they are able to provide.

24. Population and development strategies. The Government has expressed the need for a comprehensive population policy and attendant action plans, and it recognizes the need to increase the use of population dimensions in development planning, especially at the sub-national level. The aim of the proposed programme is to achieve an agreed-upon population policy by 1998 and to work to integrate population factors into development planning at all levels, with specific attention to mainstreaming gender concerns. UNFPA will be the lead donor in providing support to enhance the technical capacities for population and development planning of the Ministry of Finance, NEPC and of planning units in other relevant ministries and institutions. This will include expanding and improving national population and gender databases and carrying out needed policy-oriented research. It will be very important to review HIV infection rates in order to update the mortality assumptions used in population projections. This will be crucial for assuring that future population policy and efforts to incorporate population into development planning have a realistic basis.

25. Advocacy. Advocacy is still required in the Zimbabwean context to achieve the removal of legal barriers to reproductive health services and information for all sexually active persons, including adolescents. Work also needs to be done in removing the remaining cultural, social and legal barriers to gender equity and quality; greater and more open attention to the escalating problem of HIV/AIDS and other STDs; and greater participation of leadership groups in combating its spread. UNFPA will consequently provide support for workshops with parliamentarians and other leadership groups to engage them in advocacy relating to the above issues. The Fund will also help develop advocacy campaigns through the mass media on issues concerning gender, adolescence and HIV/AIDS.

Implementation, monitoring and evaluation

26. A number of steps have been taken to remove many of the obstacles that impeded implementation of the previous UNFPA country programme. These include filling the UNFPA Representative post; conducting a highly consultative programming process that assured national involvement and ownership; and ensuring better UNFPA coordination with other donors to avoid duplication. Additionally, UNFPA has been asked to support training in project development, planning, management and administration in order to bolster the capacity for national execution of population activities. Issues of motivation of personnel stemming from their conditions of service are the responsibility of the Government, which may require outside assistance as well. UNFPA will, in the meantime, attempt to address the problem in its areas of concern through the use of such incentives as training opportunities and improved working environments.

27. All projects to be designed and implemented within the context of this programme will have built-in monitoring and evaluation components, and some of them will also be subject to scheduled independent evaluations. In some cases, production of baseline data and/or needs assessments will be undertaken at the beginning of the programme. In addition, all projects would be subject to standard progress reports, monitoring field visits and annual review meetings, in conformity with UNFPA guidelines and government regulations. A mid-term review of the programme will be conducted at the end of 1997 and a final evaluation in 1999. At the field level, the resident UNFPA Representative will be responsible for implementation of the programme. UNFPA will continue to play a key role in assisting the Government coordinate multi-bilateral population assistance.

Recommendation

28. The Executive Director recommends that the Executive Board approve the programme of assistance for Zimbabwe, as outlined above, in the amount of $8.9 million over the period 1996-1999, $6.4 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $2.5 million would be sought from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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